



COMPLAINT AGAINST COUNTY DEPARTMENT OR ENTITY

PERSON REGISTERING COMPLAINT:			
Last Name : _____	First: _____		
Physical Address: _____	City: _____	Zip: _____	
Mailing Address: _____	City: _____	Zip: _____	
Contact Phone No: () -	Email Address: _____		

COMPLAINT REGISTERED AGAINST:			
Name of Department(s): _____			
Name of Person(s): _____			
Address: _____	City: _____	Phone #: () -	

INFORMATION REGARDING COMPLAINT:	
Date of alleged incident: _____	
Place of alleged incident: _____	
Please give description of complaint (attach additional sheets if necessary): _____	

ADDITIONAL INFORMATION:	
Did you contact the department regarding the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of person contacted: _____	Date Contacted: _____
Results of contact (attach additional sheets if necessary): _____	

As a courtesy to the complainant, upon receipt of complaint, the Clerk of the Board's office forwards a copy of the complaint to the Board of Supervisors, and also to the department head of the involved department for their response. Our office does not contact the involved department regarding resolution of the complaint.

Signature: _____ Date: _____

Return completed/signed form to address listed above. Thank you.